

31A-4-106 Provision of health care.

- (1) As used in this section, "health care provider" has the same definition as in Section 78B-3-403.
- (2) Except under Subsection (3) or (4), unless authorized to do so or employed by someone authorized to do so under Chapter 5, Domestic Stock and Mutual Insurance Corporations, Chapter 7, Nonprofit Health Service Insurance Corporations, Chapter 8, Health Maintenance Organizations and Limited Health Plans, Chapter 9, Insurance Fraternal, or Chapter 14, Foreign Insurers, a person may not:
 - (a) directly or indirectly provide health care;
 - (b) arrange for health care;
 - (c) manage or administer the provision or arrangement of health care;
 - (d) collect advance payments for health care; or
 - (e) compensate a provider of health care.
- (3) Subsection (2) does not apply to:
 - (a) a natural person or professional corporation that alone or with others professionally associated with the natural person or professional corporation, and except as provided in Subsection (3)(f), without receiving consideration for services in advance of the need for a particular service, provides the service personally with the aid of nonprofessional assistants;
 - (b) a health care facility as defined in Section 26-21-2 that:
 - (i) is licensed or exempt from licensing under Title 26, Chapter 21, Health Care Facility Licensing and Inspection Act; and
 - (ii) does not engage in health care insurance as defined under Section 31A-1-301;
 - (c) a person who files with the commissioner a certificate from the United States Department of Labor, or other evidence satisfactory to the commissioner, showing that the laws of Utah are preempted under Section 514 of the Employee Retirement Income Security Act of 1974 or other federal law;
 - (d) a person licensed under Chapter 23a, Insurance Marketing - Licensing Producers, Consultants, and Reinsurance Intermediaries, who:
 - (i) arranges for the insurance of all services under:
 - (A) Subsection (2) by an insurer authorized to do business in Utah; or
 - (B) Section 31A-15-103; or
 - (ii) works for an uninsured employer that complies with Chapter 13, Employee Welfare Funds and Plans;
 - (e) an employer that self-funds its obligations to provide health care services or indemnity for its employees if the employer complies with Chapter 13, Employee Welfare Funds and Plans; or
 - (f) notwithstanding the provisions of Subsection (3)(a), a natural person or professional corporation that alone or with others professionally associated with the natural person or professional corporation enters into a medical retainer agreement in accordance with Section 31A-4-106.5.
- (4) A person may not provide administrative or management services for another person subject to Subsection (2) and not exempt under Subsection (3) unless the person:
 - (a) is an authorized insurer under Chapter 5, Domestic Stock and Mutual Insurance Corporations, Chapter 7, Nonprofit Health Service Insurance Corporations, Chapter 8, Health Maintenance Organizations and Limited Health Plans, Chapter 9, Insurance Fraternal, or Chapter 14, Foreign Insurers; or
 - (b) complies with Chapter 25, Third Party Administrators.
- (5) An insurer or person who provides, administers, or manages health care insurance under Chapter 5, Domestic Stock and Mutual Insurance Corporations, Chapter 7, Nonprofit Health Service Insurance Corporations, Chapter 8, Health Maintenance Organizations and Limited

Health Plans, Chapter 9, Insurance Fraternal, or Chapter 14, Foreign Insurers, may not enter into a contract that limits a health care provider's ability to advise the health care provider's patients or clients fully about treatment options or other issues that affect the health care of the health care provider's patients or clients.

Amended by Chapter 50, 2012 General Session